

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule A: Employment Information☐ Check if not applicable

| | | | |
|---|---------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| Name of Employer: <u>PK Farris MD Inc</u> | | | |
| Job Title: <u>Dermatologist</u> | | | |
| Job Description: <u>Physician</u> | | | |
| | | | |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| Name of Employer: _____ | | | |
| Job Title: _____ | | | |
| Job Description: _____ | | | |
| | | | |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| Name of Employer: _____ | | | |
| Job Title: _____ | | | |
| Job Description: _____ | | | |
| | | | |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| Name of Employer: _____ | | | |
| Job Title: _____ | | | |
| Job Description: _____ | | | |
| | | | |

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- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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Schedule B: Income from the State, Political

☒ Check if not applicable **Subdivisions, and/or Gaming Interests**

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

**"Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Positions - Business**☒ Check if not applicable

| | | |
|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Both |
| Amount of Interest (where interest exceeds 10%): _____ % | | |
| Name of Business: _____ | | |
| Address: _____ | | |
| City, State, Zip: _____ | | |
| Business Description: _____ | | |
| Nature of Association: _____ | | |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Both |
| Amount of Interest (where interest exceeds 10%): _____ % | | |
| Name of Business: _____ | | |
| Address: _____ | | |
| City, State, Zip: _____ | | |
| Business Description: _____ | | |
| Nature of Association: _____ | | |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Both |
| Amount of Interest (where interest exceeds 10%): _____ % | | |
| Name of Business: _____ | | |
| Address: _____ | | |
| City, State, Zip: _____ | | |
| Business Description: _____ | | |
| Nature of Association: _____ | | |

* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule D: Positions - Nonprofit☒ Check if not applicable☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

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Schedule E: Other Offices/Positions Held

☒ Check if not applicable

| | |
|--------------------------|--|
| Name of Office/Position: | |
| Name of Office/Position: | |
| Name of Office/Position: | |
| Name of Office/Position: | |
| Name of Office/Position: | |
| Name of Office/Position: | |
| Name of Office/Position: | |
| Name of Office/Position: | |
| Name of Office/Position: | |

*You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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Schedule F: Contributions☒ Check if not applicable (made within one year of appointment - in excess of \$1,000)

Date of Appointment: _____

Compensation: \$ _____

Candidate Name: _____

Amount of Contribution or Loan: \$ _____

Date of Appointment: _____

Compensation: \$ _____

Candidate Name: _____

Amount of Contribution or Loan: \$ _____

Date of Appointment: _____

Compensation: \$ _____

Candidate Name: _____

Amount of Contribution or Loan: \$ _____

Date of Appointment: _____

Compensation: \$ _____

Candidate Name: _____

Amount of Contribution or Loan: \$ _____

Date of Appointment: _____

Compensation: \$ _____

Candidate Name: _____

Amount of Contribution or Loan: \$ _____

* You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution or loan in excess of \$1,000 to the campaign of the official who appointed you.

* You are only required to disclose contributions or loans made within one year of appointment.

* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.